

### CITY OF DULUTH CITY CLERK'S OFFICE

330 City Hall ● 411 West First Street Duluth, Minnesota 55802-1189 Phone (218) 730-5500 Fax (218) 730-5923

FOR OFFICE USE ONLY			
DATE			
LICENSE #			

**FEES** 

### LICENSE APPLICATION

GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including a tax identification number and social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

LICENSE TREE SERVICE CONTRACTOR VEHICLE FEE = \$10.00 each (Do	\$ 104.00 \$	
# of vehicles x \$10.00	not pro-rate)	\$ \$
	TOTAL FEE:	\$
LICENSEE BUSINESS NAME/ADDRESS	TRADE NAME:	
(individual/corporation/partnership)	BUSINESS PHONE:	
	OWNER OF BUSINESS PREI	MISES:
MANAGER'S NAME/ADDR/PHONE NO.		
	LICENSE PERIOD: JANUAR	V.4. DECEMBED 24
* NEW APPLICATIONS AFTER JUNE 30 the fee is 7		1 - DECEMBER 31
ADDITIONAL REQUIREMENTS: Proof of registratic proof of membership in the International Society of proof of public liability insurance, proof of automo insurance	of Arboriculture or the Tree Care I	ndustry Association,
I HEREBY STATE THAT ALL INFORMATION HERE WITH ALL PROVISION OF THE ORDINANCES OF MINNESOTA AND THEIR AMENDMENTS.		
	Signature o	of Applicant
MAILING ADDRESS:		

## **CITY OF DULUTH**

# TREE SERVICE CONTRACTOR

VEHICLE INFORMATION	
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Licensee:			Phone No				
Trade Nam	ie						
Business A	Address						
Date							
Make	Model	Year	VIN Number	License Plate			
			+				

### FORM SP:C1 LICENSE APPLICANT

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of licenses, the licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- 1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the MN Dept. of Revenue delinquent taxes, penalties or interest;
- 2. Upon receiving this information, the licensing authority will supply it only to the MN Dept. of Revenue. However, under the Federal Exchange of Information Agreement, the Dept. of Revenue may supply this information to the I.R.S.
- 3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

License applied for or renewed:	·		
Licensing Authority: (Example: Ci	ty, County, State:		
License renewal date:			
	onal Information		100
Applicant's Name:			*
Applicant's Address:			
Social Security Number:	6) (5)		
72	iness Information		5
Business Name:		. ``	2
Business Address:			
Minnesota Tax Identification Num	ber:	Tig.	
Federal Tax Identification Number	2		. M
(If a MN Tax I.D. is not required	, please explain o	n the reverse side of	f this form.
27 章	ē.		
Signature		Dat	٠.

# Certificate of Compliance Minnesota Workers' Compensation Law

#### PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used	LICENSE OR PERMIT NO (if applicable)			
	LICENSE OF	K PERMIT NO (IT a	pplicable)	
DBA (doing business as name) (if applicable)				
59				
BUSINESS ADDRESS (PO Box must include street address)	CITY		STATE	ZIP CODE
YOUR LICENSE OR CERTIFICATE WILL FOLLOWING INFORMATION. You must	complete r	number 1, 2 or		
NUMBER 1 COMPLETE THIS PORTION IF YOU INSURANCE COMPANY NAME (not the insurance agent)	OU ARE INSU	RED:		
INSURANCE COMPANY NAME (not the insurance agent)				
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE	DATE	EXPIRATION DAT	E
		- 2		<del></del>
NUMBER 2 COMPLETE THIS PORTION IF SE	LF-INSUREI	D: %		
I have attached a copy of the permit to self-insure.				
NUMBER 3 COMPLETE THIS PORTION IF EX	/FMDT·	<del></del> ::.		
I am not required to have workers' compensation insurance		se:	<u>.                                    </u>	
I have no employees.  I have employees but they are not covered by the worker excluded employees.) Explain why your employees are r	rs' compensation not covered:	n law. (See Minn. Sta	t. § 176.041 for	a list of
				\$2
Other:	5.2			
ALL APPLICANTS COMPLETE THIS PORTION: I certify that the information provided on this form is accertify that I am authorized to sign on behalf of the busi	curate and com	plete. If I am signin	g on behalf of a	a business, I
APPLICANT SIGNATURE (mandatory)	TITLE		DATE	-
		<del>-</del>	<del></del> _	<del></del>

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

MN LIC 04 (11/08)